

# TASK FORCE ON YOUTH CONCUSSIONS

## Report and Recommendations – January 1, 2015

### Task Force Genesis

The Task Force was established pursuant to Public Act No. 14-66, An Act Concerning Youth Athletics and Concussions, Section 4, with the following charge:

Study occurrences of concussions in youth athletics and make recommendations for possible legislative initiatives to address such concussions. Such study to include, but not be limited to, an examination of:

- (1) current best practices in the recognition and prevention of concussions in youth athletics,
- (2) existing policies and procedures for addressing concussions utilized by operators of youth athletic leagues in the state,
- (3) training of employees and volunteers participating in such youth athletic leagues, and
- (4) relevant federal, state and local laws and regulations involving concussions.

### Task Force Membership

The Task Force members were to be appointed by June 28, 2014; given that this fell over the summer months, the process was delayed and the final members were not appointed until early September 2014.

<u>Appointer</u>	<u>Representing</u>	<u>Appointee</u>
Senate President Pro Tempore	American Academy of Neurology	Dr. Michael Krinsky * <i>(* denotes Task Force Co-Chair)</i>
Senate President Pro Tempore	County Medical Associations	Dr. Ross Benthien
Speaker of the House	CT State Medical Society	Dr. David Wang * <i>(* denotes Task Force Co-Chair)</i>
Speaker of the House	CIAC	Paul Hoey
Senate Majority Leader	Physician Trained in Sports Medicine	Dr. Thomas Trojan
Senate Majority Leader	Association of School Nurses of CT	Suzanne Levasseur, APRN
House Majority Leader	Licensed Athletic Trainers	Prof. Theresa Miyashita
House Majority Leader	Coach of Youth Athletics	Coach James Grzybowski
Senate Minority Leader	CT Concussion Task Force	Carrie Kramer
Senate Minority Leader	CT Children's Medical Center	Dr. Paul Kanev
House Minority Leader	Academic Studying Concussion	David Lovejoy, PsyD
House Minority Leader	CT Association of School Psychologists	Fran Aponte
Senate Chair Committee on Children	CT Recreation and Parks Association	Elizabeth Mayne
Senate Chair Committee on Children	Attorney for Brain Injury Survivors	Atty. Paul Slager
House Chair Committee on Children	Parent Concussion Advocacy Group	Diana Coyne
House Chair Committee on Children	Licensed Chiropractor	Dr. Candito Carroccia
Governor	H. Beardsley CT Chapter AAP	Dr. Karen Laugel
	CT Department of Public Health	Dr. Chinedu Okeke
	CT Department of Children & Families	Dr. Fredericka Wolman
	State Department of Education	John Frassinelli
Administrator	Commission on Children	Mary Kate Lowndes

## Task Force Study

### *The Issue and Context*

Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The Centers for Disease Control and Prevention estimates that as many as 3,900,000 sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull and a change in neurologic function. The risk of catastrophic injuries or death is increased when a concussion or head injury is not properly evaluated and managed. Mounting evidence suggests that concussion and multiple concussions can lead to a significant long-term neuropsychological impact.

Concussions are a type of brain injury that can range from mild to severe and disrupt the way the brain normally functions. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from participants colliding with each other, the ground, or with obstacles (concussions can occur as well in daily life activities, but the charge of this Task Force is to look at sports related concussion). Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness. Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater injury and even death.

### *Foundational Presentations<sup>1</sup>*

The Task Force then convened on a monthly basis (October 22<sup>nd</sup>, November 19<sup>th</sup> and December 17<sup>th</sup>). Dr. Anthony Alessi provided a foundational presentation on the considerations of sports-related youth concussions. Dr. Karissa Niehoff of the CIAC presented on our state's policies and procedures for addressing concussions in the scholastic setting. Tom Regan of USA Hockey, James Grzybowski of the Shoreline Football League, Elizabeth Mayne of CT Recreation and Parks Association, and Maggie Girard along with Thom Meredith of CJSA (CT Junior Soccer Association) presented on existing policies and procedures for addressing concussions utilized by operators of youth athletic leagues in our state.

### *Relevant Laws in Other States<sup>2</sup>*

The Task Force then reviewed laws in other states addressing this same issue and population. Common components were:

- (1) mandated training for coaches (and in several cases, referees too);
- (2) mandated information for parents and youth athletes, often with a provision requiring return of signed form (signed by parent) before youth athlete was allowed to participate in practice or games;
- (3) mandated removal from practice and/or games by coaches (and in several cases, referees too) of any youth athlete appearing to be concussed;
- (4) mandated guidelines for Return to Play, all involving authorization by licensed medical staff or athletic trainer; and
- (5) in several instances, a specific clause exempting coaches (and where referees were mentioned in items #1 and/or #3, referees as well) from liability

---

<sup>1</sup> The CT AAP wished to note that although several organizations (CIAC, USA/CT Youth Hockey, Shoreline Football CT Parks and Rec, CT Jr Soccer Assoc) presented our state's 'current policies and procedures,' this was not an endorsement of said programs, nor did the sessions entail an examination of or analysis of efficacy or of adherence to current or best practice.

<sup>2</sup> See Appendix for document outlining relevant laws in several other states.

## **Task Force Findings**

### *Recommendations for Legislation*

The Task Force recognizes that there exists within the State of Connecticut the need for guidelines in the arena of non-scholastic youth athletics. Private clubs and public recreation teams are examples of “non-scholastic” youth athletics.

The Task Force came to consensus on the following recommendations for Connecticut legislation:

1. The Task Force recommends that “youth” spans the age range of 3 through 18 years;
2. Mandate training about concussions of coaches in non-scholastic youth athletics;
3. Mandate information about concussions be shared with youth athletes and their parents/guardians;
4. Mandate removal from practice and/or play by coaches of any youth athlete who appears to be concussed;
5. Clarify Return to Play requirements.

The Task Force did not come to consensus on any recommendation on the issue of exemptions from liability. The Task Force did discuss potential exemption from liability for coaches and/or referees from any new requirements that may be imposed under any new concussion law. Some members felt that coaches (and perhaps referees) should be expressly exempted from liability. Some members noted that coaches are already held to a “reasonable coach” standard and any exemption from liability may cloud responsibility under that standard. Other members expressed concern that exempting liability for acting, or failing to act, under any new requirements would create the opportunity for litigation around the application of the exemption. For these reasons, the Task Force did not come to consensus on the issue of exemptions from liability.

### *Recommendations in Implementation*

The Task Force will continue to meet to drill down on the following:

1. Explore specifics of each suggested item in the section above. For instance, what the training would cover and through whom it would be provided; what information and how to convey it to parents, athletes and referees and whether a parent signature be required before the athlete is allowed to play; and specifics on Return to Play requirements.
2. Explore facets of information to be provided: (a) in English and Spanish, and possibly other languages as well; (b) in print, electronic and video formats. Question of who will bear the cost of this; suggestion that DPH maintain a website with all such information. The Massachusetts Department of Public Health is noted as a model: <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/sports-related-concussions-and-head-injuries.html>
3. Explore possibility of adding concussion education to items that physicians and medical providers (pediatricians, family practice, internal medicine, APRNs, physician assistants, school based health clinics, walk-in clinics) discuss with children/youth and their parents/guardians if present when they have their physicals/well child care visits required for every CT public school student entering K, 6<sup>th</sup> grade, 10<sup>th</sup> grade, and every HS year for participating student athletes. Also consider idea of providing each parent/guardian with free CDC materials with access to the online teaching modules at these same Well Child Care visits. Fully support the addition and integration of the concussion awareness curriculum that SDE is currently developing, that would be incorporated into K-12 health and wellness classes in our state. Recommend that SDE collaborate with CT AAP in development of this concussion awareness K-12 curriculum to ensure agreement with current medical practice for children and age-appropriate guidelines.
4. Explore addition of parent/guardian signature on Return to Play clearance form. Weigh the benefits with the consideration that in many communities some parents have no interaction with their

child(ren)'s youth sports organization, and it is difficult to get their signature – concern expressed that we do not want to punish the child for a parent's lack of response.

5. Exploring the several apps available that facilitate communication on concussion – if a player is pulled due to suspected concussion, a message can be immediately sent to that player's parent, school nurse and pediatrician. Task Force would like to learn more about these apps, as they may well facilitate the information and communication we are suggesting be required in the section above. Need to be aware that not all coaches and families have smart phones. Explore suggestion that each youth sports organization develop and implement a process for notifying parents/guardians when their child has been removed from play due to a suspected concussion.
6. Explore suggestion to create uniform Return to Play form to be used by all non-scholastic youth sports organizations in our state.
7. Explore suggestion by a member to include School Based Health Centers on Return to Play authorization forms, to have signatory power for medical release.
8. Explore suggestion by a member to include licensed Chiropractors on Return to Play authorization forms, to have signatory power for medical release.
9. Explore suggestion by some members to create a registry of youth sports organizations in our state, so there is some mechanism in place to track adherence to a law impacting such organizations. Perhaps at DEEP, perhaps at DPH.

All materials (including agendas, presentations, materials) can be found on the Task Force's website:  
[www.cga.ct.gov/coc/concussion](http://www.cga.ct.gov/coc/concussion).

## APPENDIX

### Other States' Laws Addressing Youth Sports-Related Concussion Outside of School Settings

*Mary Kate Lowndes, Commission on Children*  
January 1, 2015

#### OVERVIEW

The Task Force created by CT Public Act No. 14-66 (An Act Concerning Youth Athletics and Concussions) is charged with making recommendations for possible legislative initiatives to address concussions in youth, outside of the scholastic setting.

Several other states have adopted legislation that addresses this demographic and this issue. Common components (though not universal) are:

1. Mandated training of coaches (and in several cases, referees as well);
2. Mandated information for parents and youth athletes – and often a provision that parents sign off on having reviewed this information before their sons/daughters are allowed to play;
3. Mandated removal from play by coaches (and in several cases, referees as well) of any youth athlete who appears to be concussed;
4. Mandated guidelines for Return to Play;
5. Protection from liability for coaches (and in several cases, referees as well).

Following are laws from 12 states and the links to many (in the footnotes). At the start of each state description a list describes which of the above aspects are represented in that state's law.

## ALABAMA<sup>3</sup>

### *Information*

#### *Training*

#### *Removal from Play*

#### *Return to Play*

[Ala. Code §22-11E \(2011 HB 108\)](#)

### *Information*

Requires the governing body of each sport or recreational organization to develop guidelines and other information to educate youth athletes and their parents/guardians of the nature and risk of concussion and brain injury.

### *Training*

Also requires coaches to be trained in recognizing the symptoms of a concussion and how to seek proper medical treatment.

### *Removal from Play*

This law requires immediate removal of a youth athlete who is suspected of sustaining a concussion or brain injury from a practice or game.

### **The New Law:**<sup>4</sup>

- Requires each sports or recreational organization to create a concussion and head injury information sheet that athletes and parents must sign each year.
- Requires each sports or recreational organization to give coaches annual training on how to recognize the symptoms of a concussion and the proper medical treatment.

### *Return to Play*

- Requires that a youth athlete who is suspected of having suffered a concussion during a practice or a game be immediately taken out of play and not allowed to return until he or she gets written clearance from a doctor.

---

<sup>3</sup> <http://alisondb.legislature.state.al.us/acas/SearchableInstruments/2011RS/PrintFiles/HB108-enr.pdf>

<sup>4</sup> [http://blog.al.com/spotnews/2011/06/new\\_alabama\\_law\\_aimed\\_at\\_preve.html](http://blog.al.com/spotnews/2011/06/new_alabama_law_aimed_at_preve.html)

## COLORADO<sup>5</sup>

### *Training*

### *Removal from Play*

### *Return to Play*

#### Title 25. Health; Article 43. Required Head Trauma Guidelines

C.R.S. 25-43-103 (2011)

#### 25-43-103. Organized school athletic activities - concussion guidelines required

(1) (a) Each public and private middle school, junior high school, and high school shall require each coach of a youth athletic activity that involves interscholastic play to complete an annual concussion recognition education course.

### *Training*

(b) Each private club or public recreation facility and each athletic league that sponsors youth athletic activities shall require each volunteer coach for a youth athletic activity and each coach with whom the club, facility, or league directly contracts, formally engages, or employs who coaches a youth athletic activity to complete an annual concussion recognition education course.

(2) (a) The concussion recognition education course required by subsection (1) of this section shall include the following:

(I) Information on how to recognize the signs and symptoms of a concussion;

(II) The necessity of obtaining proper medical attention for a person suspected of having a concussion; and

(III) Information on the nature and risk of concussions, including the danger of continuing to play after sustaining a concussion and the proper method of allowing a youth athlete who has sustained a concussion to return to athletic activity.

(b) An organization or association of which a school or school district is a member may designate specific education courses as sufficient to meet the requirements of subsection (1) of this section.

### *Removal from Play*

(3) If a coach who is required to complete concussion recognition education pursuant to subsection (1) of this section suspects that a youth athlete has sustained a concussion following an observed or suspected blow to the head or body in a game, competition, or practice, the coach shall immediately remove the athlete from the game, competition, or practice.

### *Return to Play*

(4) (a) If a youth athlete is removed from play pursuant to subsection (3) of this section and the signs and symptoms cannot be readily explained by a condition other than concussion, the school coach or private or public recreational facility's designated personnel shall notify the athlete's parent or legal guardian and shall not permit the youth athlete to return to play or participate in any supervised team activities involving physical exertion, including games, competitions, or practices, until he or she is evaluated by a health care provider and receives written clearance to return to play from the health care provider. The health care provider evaluating a youth athlete suspected of having a concussion or brain injury may be a volunteer.

---

<sup>5</sup> [http://archive.org/stream/govlawcocode20122528/govlawcocode20122528\\_djvu.txt](http://archive.org/stream/govlawcocode20122528/govlawcocode20122528_djvu.txt)

(b) Notwithstanding the provisions of paragraph (a) of this subsection (4), a doctor of chiropractic with training and specialization in concussion evaluation and management may evaluate and provide clearance to return to play for an athlete who is part of the United States Olympic training program.

(c) After a concussed athlete has been evaluated and received clearance to return to play from a health care provider, an organization or association of which a school or school district is a member, a private or public school, a private club, a public recreation facility, or an athletic league may allow a registered athletic trainer with specific knowledge of the athlete's condition to manage the athlete's graduated return to play.



## DISTRICT OF COLUMBIA<sup>6</sup>

### The Athletic Concussion Protection Act of 2011

[Information](#)

[Training](#)

[Removal from Play](#)

[Return to Play](#)

Applies to all athletes under the age of 18 and bars recently injured players from participating in practices or games until they receive written clearance from a physician to return.

[Training](#)

[Information](#)

In addition to what's called the "remove-and-return" policy, the act also installs a training program for professionals working with student athletes that is aimed at educating coaches, trainers and even parents on the risks associated with concussions, as well identifying warning signs of brain trauma.

This law is considered the most comprehensive in the nation because of its large scope. Dr. Gerard Gioia, Director of the Safe Concussion Outcome & Recovery Education (SCORE) Program, says this is the first time that every young athlete is protected in one concussion act. "This law in D.C. incorporates all levels of schools - elementary, middle, high school, public, private, the recreation leagues. But also in school, in gym classes, and it really now covers all kids at all levels. And that's what sets it apart from all of the other laws at this point in the United States."

***District of Columbia's Athletic Concussion Act the Most Comprehensive Law of its Kind Brain Injury Association of DC, Children's National Medical Center, National Football League, and the Washington Redskins Applaud City Council's Unanimous Passage and Mayor's Signature of Landmark Legislation<sup>7</sup>***

July 27, 2011

Washington, DC – Landmark legislation developed to protect student-athletes in the nation's capital from adverse effects of concussions was signed into law today. The legislation brings much needed protection to a particularly vulnerable segment of the population, and draws praise from local and national medical and sports organizations. National research estimates about 400,000 concussions occurred in high school student-athletes from 2005 to 2008. The impact of a concussion on student-athletes is wide ranging, affecting their thinking and learning, as well as their social and emotional functioning.

The Athletic Concussion Protection Act of 2011 applies to athletes in the District of Columbia 18 years old or younger. It requires them to be removed from practice or play following a suspected concussion, and only allow them to return after written clearance by a licensed healthcare provider experienced in the evaluation and management of concussions. The Act also requires the Mayor to establish a training program, and directs the Department of Health to create educational materials on the nature and risks of concussions. Although similar legislation has been passed in 26 other states, the District's law is the most comprehensive in its scope, addressing both in-school and extracurricular athletics.

---

<sup>6</sup> WTOP, *D.C. signs most comprehensive concussion law in U.S.*, 29 July 2011. <http://www.wtop.com/41/2473279/DC-signs-most-comprehensive-concussion-law-in-US->

<sup>7</sup> Children's National Health System, 27 July 2011. <http://childrensnational.org/news-and-events/childrens-newsroom/2011/district-of-columbias-athletic-concussion-act-the-most-comprehensive-law-of-its-kind>

*Removal from Play*

*Return to Play*

To require that an athlete suspected of sustaining a concussion during an athletic activity be removed from play and prohibited from returning until the athlete has received written clearance from a licensed health-care provider, to require the Department of Health to develop a training program and educational materials, to require the dissemination of educational materials, and to require the Mayor to issue rules.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Athletic Concussion Protection Act of 2011”.

Sec. 2. Definitions.

For the purposes of this act, the term:

- (1) “Athlete” means a person who engages in athletic activity who is 18 years old or younger.
- (2) “Athletic activity” means a program or event, including practice and competition, organized as part of a school-sponsored, interscholastic-athletic program, an athletic program sponsored by the Department of Parks and Recreation, or an athletic program under the auspices of a nonprofit or for-profit organization. The term “athletic activity” includes participation in physical education classes that are part of a school curriculum.
- (3) “Concussion” means a traumatic injury to the brain causing a change in a person’s mental status at the time of the injury, such as feeling dazed, disoriented, or confused, which may or may not involve a loss of consciousness, resulting from:
  - (A) A fall;
  - (B) A blow or jolt to the head or body;
  - (C) The shaking or spinning of the head or body; or
  - (D) The acceleration and deceleration of the head.
- (4) “School” means a public school operated under the authority of the Mayor and any charter, parochial, or private school in the District.

Sec. 3. Concussion protection.

- (a) An athlete who is suspected of sustaining a concussion in an athletic activity shall be immediately removed from physical participation in the athletic activity.
- (b) An athlete who has been removed from an athletic activity may not return to physical participation in the athletic activity until he or she has been evaluated by a licensed or certified health-care provider and receives written clearance to return to physical participation in the athletic activity from the evaluating health-care provider.

Sec. 4. Training program.

- (a) The Mayor shall establish, through rulemaking, a training program on:
  - (1) The nature and risk of a concussion;
  - (2) The criteria for the removal of an athlete from physical participation in an athletic activity and his or her return to it; and
  - (3) The risks to an athlete of not reporting an injury and continuing to physically participate in the athletic activity.
- (b) The Mayor shall determine, through rulemaking, which individuals shall be required to complete the training program.

---

<sup>8</sup> <http://dcclims1.dccouncil.us/images/00001/20110726120805.pdf>

(c) In addition to those individuals required to complete the training program, the Department of Health may make the program available to any interested individual, including school personnel, parents, students, and athletes.

Sec. 5. Materials development and distribution.

(a) The Department of Health shall create educational materials on the nature and risk of concussions.

(b) Before an athlete may participate in an athletic activity, the organizing entity shall provide the educational materials developed pursuant to subsection (a) of this section to the athlete and the parent or guardian of the athlete. The athlete and the parent or guardian of the athlete shall sign a statement acknowledging receipt of the materials and return it to the organizing entity before the athlete shall be allowed to participate in the athletic activity.

Sec. 6. Rules.

(a)(1) Within 120 days of the effective date of this act, the Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act.

(b) The Mayor, through rulemaking, may expand the authority of this act to include athletic activities that are non-interscholastic school-sponsored or organized by a nongovernmental organization.

Sec. 7. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 8. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)) and publication in the District of Columbia Register.

Chairman

Council of the District of Columbia

Mayor District of Columbia

## GEORGIA<sup>9</sup>

[2013 Ga. Laws, p. 25](#) (2013 HB 284) "Return to Play Act of 2013"

*Information*

*Removal from Play*

*Return to Play*

Enacts the Return to Play Act and requires public and private schools youth athletic activities and public recreation facilities to provide information to parents on the nature and risk of concussion and head injury and to establish concussion management and return to play policies. Provides for the endorsement of concussion recognition education courses.

## IDAHO

No requirements for non-scholastic youth sports activities; however recreational sports are encouraged to comply and are afforded same liability protections if they do comply.

## INDIANA<sup>10</sup>

In 2014 Indiana expanded its concussion legislation from strictly scholastic to recreational and extracurricular for football only.

---

<sup>9</sup> <http://www.legis.ga.gov/Legislation/20132014/136573.pdf>

<sup>10</sup> <http://iga.in.gov/legislative/laws/2014/ic/titles/020/articles/034/>

## LOUISIANA<sup>11</sup>

[Training](#)

[Information](#)

[Removal from Play](#)

[Return to Play](#)

### Act No. 314

For private clubs, public recreation facilities, athletic leagues sponsoring youth athletic activities ages 7 years and older:

- Information on concussions to all coaches, officials, volunteers, youth athletes, parents
- Require each coach and official to complete an annual concussion recognition course
- Require as a condition of participation that the youth athlete and his/her parents sign concussion injury information sheet including Return to Play requirements
- Requires coach to immediately remove from play any youth athlete who appears to be concussed and notify the parents
- Specifically protects entities from liability

### Louisiana Youth Concussion Act

**(August 1st, 2011)** During the 2011 legislative session, ACT 314, "Louisiana Youth Concussion Act", was signed into law the governor. The ACT 314 has three major requirements:

1. Each private club or public recreation facility and each athletic league which sponsors youth athletic activities shall be in compliance with the new state law. To access the new law in its entirety, click on the following link -<http://www.legis.state.la.us/billdata/streamdocument.asp?did=760519>.

[Information](#)

2. Prior to beginning of each athletic season, provide pertinent information to all coaches, officials, volunteers, youth athletes, and their parents or legal guardian which informs of the nature and risk of concussion and head injury, including the risks associated with continuing to play after a concussion or head injury.

[Training](#)

3. Require each coach, whether such coach is employed or a volunteer, and every official of a youth activity that involves play ages 7-19 years of age to complete an annual concussion recognition education course.

[Information](#)

[Return to Play](#)

4. Requires as a condition of participation in any athletic activities that the youth athlete and the youth athlete's parent or legal guardian sign a concussion and head injury information sheet which provides adequate notice of the statutory requirements which must be satisfied in order for an athlete who has or is suspected to have suffered a concussion or head injury to return to play. **The 2011 ACKNOWLEDGMENT FORM must be signed by all athletes and parent/guardians before the student participates in any athletic practice or contest each year.**<sup>12</sup>

---

<sup>11</sup> <http://www.legis.la.gov/legis/ViewDocument.aspx?d=760519&n=SB189%20Act%20314>

<sup>12</sup> <http://www.sportsmanager.us/%5CDocuments%5CMBSB%5CConcussion%20handbook.pdf>

## MINNESOTA<sup>13</sup>

*Training*

*Information*

*Removal from Play*

*Liability*

Any municipality, business, or nonprofit organization that organizes a youth athletic activity for which an activity fee is charged shall:

- 1) make information accessible to all participating coaches, officials, and youth athletes and their parents or guardians about the nature and risks of concussions,
- 2) require all participating coaches and officials to receive initial online training and online training at least once every three calendar years thereafter,
- 3) remove from play guidelines
- 4) release from liability provisions

---

<sup>13</sup> <https://www.revisor.mn.gov/laws/?id=90&doctype=chapter&year=2011&type=0>

## OREGON<sup>14</sup>

### *Training* *Information* *Return to Play* *Liability*

Jenna's Law, named after Sisters, Ore., athlete Jenna Sneva, requires all youth sport coaches to get educated about concussions and to implement protocols for an athlete suspected of being concussed. Max's Law requires all high school coaches to follow a similar concussion protocol. Those protocols include immediately taking the player out of the game, getting the player checked out by an appropriate medical professional and not allowing that concussed player to return to play until he or she has been cleared by a medical professional to do so.

The motivation behind Jenna's Law and Max's Law is simple: If one of our young athletes is concussed and if that athlete suffers a second concussion before the first concussion is allowed to heal, then that athlete is at significant risk of second impact syndrome (SIS). Max Conradt, the namesake of Max's Law, developed SIS after he suffered a second concussion within a week's time of a previous concussion, and the passage and implementation of Jenna's Law, where all of our youth coaches are held to the same standard as high school coaches, is the logical extension of the enlightened policy behind Max's Law.

§417.875 defines "league governing body" as an association of non-school athletic teams that provide instruction and training for team members and may compete with one another and who are affiliated, sponsored, or organized by a nonprofit corporation established as provided by Oregon Law and defines "non school athletic team" as an athletic team having members who are under 18 years of age and not affiliated with an Oregon public school.

### *Training*

The law requires that each league and referee governing body adopt policies establishing training requirements and procedures and that coaches and referees shall receive annual training regarding recognizing and obtaining proper treatment for individuals suspected of sustaining a concussion.

### *Return to Play*

A coach or a referee may not permit a non-school team member to return to play, if concussion symptoms are present subsequent to an observed or suspected blow to the head or if diagnosed with a concussion.

### *Information*

The league governing body is required to develop guidelines and other material to facilitate informing non-school athletic team members, parents and coaches about the signs and symptoms of a concussion. Each year prior to participation, a parent of an individual under 12 years and a parent and the individual if 12 years of age or older must acknowledge receipt of the concussion information and materials. A league governing body may hold an informal meeting prior to the commencement of the season.

### *Liability*

Any person regularly serving as a coach or referee who complies with the statute is immune from liability absent gross negligence or willful or wanton misconduct.

**417.875 Required training regarding concussions; restrictions on participation in athletic event or training; guidelines; liability.** (1) As used in this section:

---

<sup>14</sup> [https://www.oregonlegislature.gov/bills\\_laws/lawsstatutes/2013ors417.html](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013ors417.html)

- (a) “Coach” means a person who volunteers or is paid to instruct or train members of a non-school athletic team.
- (b) “League governing body” means a governing body that:
  - (A) Oversees an association of non-school athletic teams that provide instruction or training for team members and that may compete with each other; and
  - (B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit corporation established as provided by ORS chapter 65.
- (c) “Nonschool athletic team” means an athletic team that includes members who are under 18 years of age and that is not affiliated with a public school in this state.
- (d) “Referee” means a person who volunteers or is paid to act as a referee, as an umpire or in a similar supervisory position for events involving non-school athletic teams.
- (e) “Referee governing body” means a governing body that:
  - (A) Trains and certifies individuals to serve as referees for non-school athletic team events; and
  - (B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit corporation established as provided by ORS chapter 65.

### *Training*

- (2)(a) Each league governing body and each referee governing body shall ensure that the coaches and the referees, respectively, receive annual training to learn how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion.
- (b) Each league governing body and each referee governing body shall adopt a policy that establishes:
  - (A) The requirements of the training described in paragraph (a) of this subsection; and
  - (B) Procedures that ensure that every coach and referee receives the training described in paragraph (a) of this subsection.

### *Return to Play*

- (3)(a) A coach may not allow a member of a non-school athletic team to participate in any athletic event or training on the same day that the member:
  - (A) Exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body; or
  - (B) Has been diagnosed with a concussion.
- (b) A coach may allow a member of a non-school athletic team who is prohibited from participating in an athletic event or training, as described in paragraph (a) of this subsection, to participate in an athletic event or training no sooner than the day after the member experienced a blow to the head or body and only after the member:
  - (A) No longer exhibits signs, symptoms or behaviors consistent with a concussion; and
  - (B) Receives a medical release form from a health care professional.
- (4) A referee may not allow a member of a non-school athletic team to participate in any athletic event during which the member exhibited signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body.

### *Information*

- (5) The league governing body shall develop or use existing guidelines and other relevant materials, and shall make available those guidelines and materials, to inform and educate persons under 18 years of age desiring to be a member on a non-school athletic team, the parents and legal guardians of the persons and the coaches about the symptoms and warning signs of a concussion.
- (6) For each year of participation, and prior to a person under 18 years of age participating as a member on a non-school athletic team, at least one parent or legal guardian of the person must acknowledge the receipt of the guidelines and materials described in subsection (5) of this section and the review of those guidelines and materials by:
  - (a) The parent or legal guardian of the person; and



(b) If the person is 12 years of age or older, the person.

(7) A league governing body may hold an informational meeting prior to the start of any season for each non-school athletic team regarding the symptoms and warning signs of a concussion.

#### *Liability*

(8)(a) Any person who regularly serves as a coach or as a referee and who complies with the provisions of this section is immune from civil or criminal liability related to a head injury unless the person acted or failed to act because of gross negligence or willful or wanton misconduct.

(b) Nothing in this section shall be construed to affect the civil or criminal liability related to a head injury of a person who does not regularly serve as a coach or a referee. [2013 c.489 §1]

## TENNESSEE<sup>15</sup>

*Training*  
*Information*  
*Removal from Play*  
*Return to Play*

In April 2013, Tennessee became the 44th state to pass a sports concussion law designed to reduce youth sports concussions and increase awareness of traumatic brain injury. The legislation, [Public Chapter 148](#), has three key components:

1. To inform and educate coaches, youth athletes and their parents and require them to sign a concussion information form before competing.
2. To require removal of a youth athlete who appears to have suffered a concussion from play or practice at the time of the suspected concussion.
3. To require a youth athlete to be cleared by a licensed health care professional before returning to play or practice.

Both public and private school sports and recreational leagues for children under age 18 that require a fee are affected by the new law. The law covers all sports.

---

<sup>15</sup> <http://health.state.tn.us/tbi/concussion.htm>

*Information*

*Removal from Play*

*Return to Play*

**26-53-201. Adoption and enforcement of concussion and head injury policy -- Notice of policy to parent or guardian.**

Each amateur sports organization shall:

*Information*

- (1) adopt and enforce a concussion and head injury policy that:
  - (a) is consistent with the requirements of Section [26-53-301](#); and
  - (b) describes the nature and risk of:
    - (i) a concussion or a traumatic head injury; and
    - (ii) continuing to participate in a sporting event after sustaining a concussion or a traumatic head injury;
- (2) ensure that each agent of the amateur sports organization is familiar with, and has a copy of, the concussion and head injury policy; and
- (3) before permitting a child to participate in a sporting event of the amateur sports organization:
  - (a) provide a written copy of the concussion and head injury policy to a parent or legal guardian of a child; and
  - (b) obtain the signature of a parent or legal guardian of the child, acknowledging that the parent or legal guardian has read, understands, and agrees to abide by, the concussion and head injury policy.

*Removal from Play*

*Return to Play*

**26-53-301. Removal of child suspected of sustaining concussion or a traumatic head injury -- Medical clearance required before return to participation.**

- (1) An amateur sports organization, and each agent of the amateur sports organization, shall:
  - (a) immediately remove a child from participating in a sporting event of the amateur sports organization if the child is suspected of sustaining a concussion or a traumatic head injury; and
  - (b) prohibit the child described in Subsection [\(1\)\(a\)](#) from participating in a sporting event of the amateur sports organization until the child:
    - (i) is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and
    - (ii) provides the amateur sports organization with a written statement from the qualified health care provider described in Subsection [\(1\)\(b\)\(i\)](#) stating that:
      - (A) the qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and
      - (B) child is cleared to resume participation in sporting event of the amateur sports organization.

---

<sup>16</sup> <http://le.utah.gov/xcode/Title26/Chapter53/26-53-S101.html>

*Information*  
*Removal from Play*  
*Return to Play*  
*Liability*

**118.293 Concussion and head injury. (1)** In this section:

(a) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

*Information*

**(2)** In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

**(3)** At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

*Removal from Play*

**(4)** (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

*Return to Play*

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

*Liability*

**(5)** (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

---

<sup>17</sup> <https://docs.legis.wisconsin.gov/2011/related/acts/172>

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

**(6)** This section does not create any liability for, or a cause of action against, any person